STATE OF ARIZONA - DEPARTMENT OF ADMINISTRATION - GENERAL ACCOUNTING OFFICE (GAO)
ACH VENDOR AUTHORIZATION - Attn: Vendor Setup - 100 N 15th Ave, Suite 302, Phoenix, AZ 85007

IMPORTANT : PLEASE NOTIFY THE AGENCIES YOU DO BUSINESS WITH THAT YOU PARTICIPATE IN ACH BEFORE SENDING IT TO GAO

TRANSACTION TYPE - Check the applicable transactions) and complete the sections indicated. For further instructions, see the back of this form.

SECTION 1

Please complete Sections 2 and 3, below; your financial institution _**must**_ complete Section 4 prior to returning the form to the GAO.	If you are requesting a *Cancellation,* please check the box below and complete Sections 2, 3 and 5, then return this form to the GAO.
☐ **New ACH setup** ☐ **Change account number**	
☐ **Change Financial Institution** ☐ **Change account type**	☐ **Cancellation Request**

SECTION 2

PAYEE IDENTIFICATION

1. Federal Employer's Identification Number (EIN) l___l___l-l___l___l___l___l___l___l___l

   or Social Security Number (SSN) l___l___l___l -l___l___l-l___l___l___l___l

Disclosure of your social security number is voluntary pursuant to 42 U.S.C. 405(c)(2)(C). * The State of Arizona will use your SSN or EIN to file required information returns with the Internal Revenue Service.

2. Payee's Name:

3. Business Phone (Area code and number):
(l___l___l___l) l___l___l___l - l___l___l___l___l Ext. l___l___l___l___l

4. Address:

5. City: State: Zip Code:
l___l___l   l___l___l___l___l___l - l___l___l___l___l

SECTION 3

AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

6. Pursuant to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADOA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona (State) via Automated Clearing House (ACH) deposits. The State shall deposit the ACH payments in the financial institution and account designated below. * **I recognize that if I fail to provide complete and accurate information** on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payments may be erroneously made.

I authorize the State to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State to withhold any payment owed to me by the State until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADOA-GAO. The change or revocation is effective on the day the ADOA-GAO processes the request.

I certify that I have read and agree to comply with the State's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form.

I authorize the State to stop making electronic transfers to my account without advance notice.

I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, that all information provided is accurate.

7. Signature **(Required)**	8. Title :	9. Date:

SECTION 4

FINANCIAL INSTITUTION (Must be completed by financial institution representative.)

10. The financial institution can process CTX payments /transactions along with addendum information.	**YES** ☐ **NO** ☐

11. Name:

12. Address:

13. City: State: Zip Code:
l___l___l   l___l___l___l___l___l - l___l___l___l___l

14. Routing transit number:	15. Customer account number:	16. Type of account:
l___l___l___l___l - l___l___l___l___l - l___l	l___l___l___l___l___l___l___l___l___l___l___l___l___l___l___l___l___l	☐ Checking ☐ Savings

17. Financial institution representative name (Please print):	18. Title:	19. Phone (Area code and number): (l___l___l___l) l___l___l___l - l___l___l___l___l

20. Signature **(Required)**	21. Date:

If a State Employee, attach a canceled check here.

SECTION 5

CANCELLATION

22. Reason

SECTION 6

GAO USE ONLY

23. Entered by & Date:	24. Vendor #:	25. MC:
26. Prenote Date:	27. Verified by:	28. Approved by:

GAO-618 ACH Vendor Authorization (07/29/03)